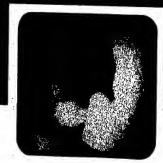
The Pseudo-ulcer



Ulcer-like symptoms: no G.I. pathology

An adjunct

in anxiety-related upper

functional GL disorders

The patient is convinced it's an ulce. However, symptoms are not quite typical, and x-ray findings are negative. These findings and the results of additional diagnostic procedures exclude an organic basis for the patient's complaints. A diagnosis of 'upper functional gastro-intestinal disorder' is made, which is supported by the fact that episodes of painful symptoms coincide with episodes of excessive anxiety, as indicated by the history.

anxiety, as indicated by the bistory.

It may be useful to explain to the patient the mechanism by which emotions upset normal G.I. functioning, resulting in hypersecretion and hypermotility and thus causing such symptoms and explaint of the season and epigastic pain. In upper functional agastrointestinal disorders, counseling by the paramary obsystems are observed in the observations. primary physician can often help the patient to understand how excessive snxietymay. cause flare-ups of G.I. symptoms,

A disproportionate number of patients seen A disproportionate number of patients seen by the general practitioner suffer from functional disorders, as do more than half of those seen by the gastroenterologist.* Where milder cases may respond to counsel-

Contraindications: Patients with giaucoma; prousite hyper-trophy and bentgn bladder neck obstruction; known hyper-sensitivity to chlordizepoxide hydrochloride sud/or claim.

ing alone, if symptoms are severe and ilisabling to any degree, a suitable regimen may include medication to reduce the symptoms and the excessive anxiety that often provokes these distressing symptoms. the excessive anxiety that often provokes those distressing symptoms. In these cases, Librax as an adjunct can grently contribute to the course of therapy. It did an action can offer relief of 1 both painful symptoms and excessive anxiety, because each capsule contains 5 mg chlordiageoxide FCI and 2.8 mg cilinfum Br. The antianxiety action of Librium* (chlordiageoxide HCI) makes Librax exceptional among drugs for cortain gastrointestinal comment furnishes dependable antisecretory-antispasmodic action. Dosage is flexible; it may be adjusted according to your patients requirements within the range of 1 or 2 expales three or four times daily, up to 8 capsules daily in divided doses.

capsules daily in divided doses.

*Rome HP. Brannick TL: Orientalion and mechanism of functional disorders; elinkophysi-ologic correlation, chap. 185, in Gastromiarology, edited by Bockus HL. Philadelphia, WB Saunders Company, 1965, p. 1110

pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazarda. As with all anticholinerate drugs, an inbibiting effect in lactation may occur. Indications: Symptometic retief of hypersecretion, hyperson in the anxiety and tention states associated with organic or functional agarcinetes and allowed and as adjunctive therapy in the management of peptic nicer gaterists, duodeoitist in table bowed syndrome, spassic coillis, and mids directing.

ing dictor to be at loom may receive.

Freewattons in jedderly and debilitated, littis in onge to omalest effective amount to preclude dereted princy of assist, overeactions in jedderly and debilitated, littis in one of assist, overeaction or combined (mot more than two words and one of the other principles and the property of the other principles are more than the other probability to middler. Though a principle are more than the other probability to middler the other probability of the other probability patients. Brighty is under presention in transfer of probability patients. Brighty is under presention in transfer of the other probability of the other probabi brainity to enturing the properties of the comparison of the compa

ness, staxis and confusion may occur, especially in the eldely and debillisted. These are reversible in most manness by proper dosage adjustment, but are also occasionally observed at the lower dosage tranges. In a few instance symmetry of the lower dosage tranges. In a few instance symmetry of the lower dosage tranges. In a few instance symmetry of the strength o

CHILD SUICIDES - The National Poison Center at CHildren's Hospital, Pittsburgh is seeing many "accidental poisoninga" of 6 to 10-year olds that may be attempted suicides, center director Dr. Richard W. Moriarty told MT. Such children are too young for truly sccidental ingestion of medicines or household poisons, and too young for drug abuse. Many are in "iotolerable" family situations or have problems at achool, M.D.s, he said, "need to take a little more seriously the fact that indeed kids can have these kinds of problems thatcan lead them to quite desperate moods."

'It Can't Be Extrapolated'

Belgian Expert Says UGDP Study Is Valid Within Own Context

By JAMES MAGEE Sedical Tribune World Service

GENEVA-"The U.G.D.P. study is quite valid within its own context, but it simply cannot be extrapolated to the whole diabetic population," according to Dr. Jean Pirart, secretary of the Belgian Diabetie Association.

ing European investigotors and clinicians asked by MEDICAL TRIBUNE to comment upon the clinical implications of recent Biometric Society analysis of the University Group Diabetes Pro-gram study. The 1970 U.G.D.P. report claimed a higher than expected cardiovascular mortality associated with oral hypoglycemic agents, but no difference in overall mortality.

Third of a Series

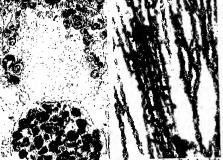
In the view of Belgian diabetologists, the hypoglycemics have to be used according to the correct indications, and the correct dosages. If these conditions are met, then we do not consider that there is a high risk of

Dr. Pirart said that at present in Belgium the general pattern of diabetes therapy is: iosulin-20 per cent; diet-about 40 per cent of patients; oral drugs, combined with dietary con-40 per cent.

Continued on page 15

Arteriosclerotic Basis Denied Prospects Grim For Bulk of Senile Dementia

Medica Tabune



"Twisted tubules" characteristic of the neurofibrillary tangle in senile brain, right, may be n unir ut belically wound filaments or a periodically constricted tubule. Contents of almormal neurites making up neuritic plaque, left, are seen as dense luciles, degenerating mitachundria, "twisted tubules."

By FRANCES GOODNIGHT

NEW YORK-What causes senile dementia with the characteristic lesions seen in affected brains?

Contrury in a still-prevalent belief, must cases cannot be attributed to arteriusclerosis, Dr. Robert D. Terry emphasized here during an interview in which he outlined recent research fludings on this disorder.

The neuropathologist, who heads the Department of Pathology at Albert Einstein College of Medicine, said that observations on autopsied brains have proved that "ralatively few eases of scalle dementin are accounted for by atheromatous changes in major

Instead, Dr. Terry considers the mest common typa of senile dementia Continued on page 13.

For Some States In Liability Mess

By Edward Grossman

NEW YORK-Will it be a long hot summer on the malpractice front?

Based on nationwide interviews conducted by MEOICAL TRIBUNE with physicians, medical society executives, political leaders, and lawyers, the foreenst is for things to stay relatively cool in some states, thanks as much to good luck and good will as good legislation. But in others, it will probably not be possible to avert the collapse of professional linbility-coverage systems and widespread interruption of medical

Some Points of Consensus

While most of those interviewed called the situation "fluid" "unclear," on "confused"-with local predictions ranging from bleak to guardedly optimistic-some points of coosensus emerged.

It was agreed that few states, however fortunote for the time being, would escape having to grapple with the basics of malpraetice reform, as stop-gap legislative measures expire and nn aroused public and medical profession demand more rational protection and indemnification. No single reform is the answor, it was emphasized, and the package of changes that

Dr. First was among several leadgeneratives among several leadby European investigators and clied

Dr. Warren Honored at Bunker Hill Ceremonies



BOSTON-When this city's daylong ceremonies and reenactment of the Battle of Bunker Hill took place earlier this week, one of those honored was Dr. Joseph Warren, who was killed at

Bunker Hill, Dr. Warren's revolutionary role was more important than that hetter known Paul Revere-whom he sent on at least one of his famous

Dr. Warren was born of well-to-do parents in Roxbury, Mass., on June 11, 1741. He graduated from Harvard in 1759 and then studied medicine, beginning his practice in 1764. By his suc-

MEDICAL TRIOUNE, "Some people rou-

tinely put their patients on aspirln.

What we tried to do was to develop a

rational approach using whatever was

Chamley and George hove cau-

tioned, Dr. Brady noted, that a series

Departures From Routins

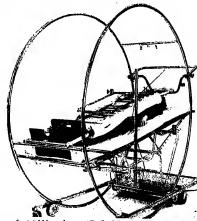
the use of the Stryker circle bed.

ect, Dr. Brady sald.

ntely after surgery.

available that fit the patient,"

we hove a winner."



After surgery for total hip replacement Dr. Louis Brady recommends patients be placed on the Stryker circle bed, shown here. To advonce the healing process, his patients were turned to a new position by nurses every eight hours and left at that position as long as they could tolerate it

SAN FRANCISCO-Only five of 360 potients who underwent 560 total hip replacements showed evidence of pulmonary embolus-and some of the five died-in a prospective study of prophylactic measures described here to the American Academy of Orthopaedic Surgeons.

The use of any of five drugs (dextran, heparin, worfarin, aspirin, and phenylbutazone), where indicated, was combined with atandord nursing care measures, including antiembolism hose, calf exercise, and early mobilization, it was reported by Dr. Louis P. Brady, chlef of orthopoedics at Florida Hospital. o private hospital not affiliated with any medical school, in Orlando, Fla.

Such a multifaceted approach car reduce significantly the incidence of thromboembolic phenomena, he said.

Ninety-five per cent of the 360 patienta received dextran 40, and 19 per cent received a combination of dextran and sodium warfarin. Heporin was used only to treat pulmonary embolus.

Meticulous Care Essential

Four nationts developed thrombophlebilis ("as opposed to phlebothromhosis"): 53 developed edema and were "clinically felt" to have phicbothrombosis. All patients with phlebitis developed edema.

No single parameter will accomplish these results," Dr. Brady cautioned. "Meticulous care and careful observation of the patient by a discerning and interested surgeon is mandafory to [the protocol's] success.

Delegation of the ultimate responsibility to others is usually not possible. One must develop a protocol which will suit his own aituation and then rigidly adhere to it if successful results are to be anticipated."

"Some people think [antl-embolic] hose are a big thing," Dr. Brady told erate it-usually about an hour. When

supine, they were kept in 20° of Trendelenburg.

Dr. Brady stressed the importance of the role played by the nurses in seeing that the patients followed instructions for active mid isometric exercises and the recognition of early edemn.

Antiembalism hose were used only when there was evidence of clinical edema, in which case they were applied to both legs below the knee only.

"I feel their routine use increases the likelihood of heel sores," Dr. Brady said. "and prohibits good skin care."

Nane of the patients in this study de-If edema worsened on the day ofter it was discovered, sodium warfarin was

given (15 mg, the first dny and 10 mg. the second), to maintain the prothrombin time at ane ond a half to two times to use. Dr. Stephen J. Zyzanski precontrol, with daily prothrombin times beginning the third day.

When pulmonary embolus occurred, Society. os it did in five patients, sodium warfarin was discontinued and heparin started. These five were the only patients whose activity was restricted, and then it was only for three to four days, until symptoms subsided.

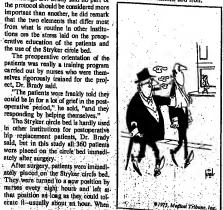
Patients with thrombophic bitis were given phenylbutozone (100 mg. t.i.d.), usually for three days or until symp-

Stand to Tolerance on 3d Day

All patients were allowed to atoud to tolerance in the Stryker circle bed bcginning on the third day after surgery. On the sixth day, the patients were transferred from the Stryker bed to o regular hospital bed, retention sutures of total hip replacements could reach were removed, and ambulotion in par-300 to 500 potients with na significant allel bars was begun.

problems, only to be followed by the Protected weight bearing was aldevelopment of thromboembolic phelowed on the sixth day for patients with nomena in six to eight of the next 100 reconstructive procedures; un protected But he soid that patients will be weight bearing was ollowed for putients with uncomplicated ostcoorthritis or added to this series at the rote of about 150 a year, and there are so pions to rheumatold arthritis.

Suturea were removed on the 13th change the protocal, "because we thlok day and the pntients were discharged on the 14th day on emitches or with wolkers, with no medicatian other thon supplemental vitamins and iron, Although Dr. Brady said no part of



Study Supports Link Of Type A Behavior With Heart Disease

Atedical Tribung Report

NEW ORLEANS-Can u physician cite scientific evidence to back up a warning to a husiness executive patient that his hard-driving, competitive, intenselycummitted behavior may cause comnary heart discuse?

The association has been demonstrated, but skepticism has persisted becuise of a lack of knowledge as to how psychological factors might relate to the pathological processes involved in coronary disease.

Now Buston University investigators have provided data for the practitioner sented the findings at the annual meeting of the American Psychosomatic

Artery Blockage Rated

The double-blind study at the Boston University Medical Center covered 95 men, most of them in the 45-to-55-year age range, who underwent corunary angiography. Cardiologists reviewed cineangiograms and rated the per cent by which coch of the four maor arteries of the heart-main left, LAD, circumflex, and right coronarywas blacked by otheroscleratic lesions at their most obstructed points.

Before angiography the patients completed self-administered tests to cover behavior, anxiety, neuroticism, hypnchondriasis, and hysteria. The corunary-prone behavior pattem-Typs A -was chorneterized as hard-driving. competitive, impatient, hurrled, and intensely committed to vocational goals Anginn lutensity was recorded from

It was found that 55 men with 50 per cent ar greater orterial obstruction n two or more vessels scored stalishcally higher on the scales of the activity survey than did 37 patients with lesser

Men with at least 50 per cent abatruction in two or more vessels scored significantly higher on anxiety and depression, but were not remarkably higher on hypochondriasis. There was no trend in hysteria scores. The more seriously affected men manifested significantly less symptom denial.

No Angina Association

Angina intensity rating had no significant association with activity survey scores.

"Men with more severe and frequent angina scored much higher on hypochondriasis and on hysteria," Dr. Zyzanski reported, "entirely due to greater tendency to admit symptoms. These men were also higher on the depression acale."

He said the lack of association between Type A scales and angina intensity "ia consistent with the hypothesis that Type A characteristics precede rather than follow from the atherosclerotic process."

Associated with Dr. Zyzanski in the study were Drs. C. David Jenkins, mas I. Ryan, Steven H. Lefkowitz and Margaret Everist.

Wednesday, June 18, 1975 **4 Investigators Near Trial** In 'Illegal Dissection' Case By HARRIET PAGE

BOSTON-More than a year after their indicament for "illegal dissection" under an 1814 grave-robbing statute, foor Boston City Hospital physicians will at lost come to trial.

The four, Drs. Leon D. Sabath, Leonard Bermon, David Charles, and Agneta Philipson, had participated in a study of women about to undergo obortions designed to see if erythromycia and clindamycin reach the fetus ia therapeutic concentrations after oral odministration to the mother.

Their finding, based on examination of amniotic fiuld and fetal tissue and reported in The New England Journal of Medicine in June, 1973 (288:1219). was that both agents crossed the plo centa and that fetal tissue levels reflect maternal dose levels. The authors concluded that, providing the infecting organism is sensitive, "both antibiotics may be reasonable alternatives to penicillin in the treatment of intrauterine in-

On May 27, Neil Cheyet, defense attorney for the four, appeared in Suffolk County Superior Court before Judge John J. McNunght to argue motions for discovery of the Commonwealth case and to get the bill of particulars from the prosecutor, Assistant District Attorney Newman A. Flanagan. And on June 24, Mr. Chuyet will argue aubstantive motions for dis-

It was Assistant D.A. Flanagan who prosecuted-and won-the manslaughter case against Dr. Kenneth C. Edelin last March (MEDICAL TRIBUNE, March 12). Dr. Edelin had been indicted at the same time as the other four B.C.H. physicians for causing the death of o fetus during a legal abortion by hysterotomy in October, 1973.

Because of the disposition of the Edelin case-which shocked both the medical and legal communities-there has been some speculation as to the climate that will prevuil in the fetal research case. Many observers felt glumly that the disposition of the Edelin case was simply a barometer of how things would be in future such issues.

Directed Verdict Predicted

But William J. Curran, Professor of Legol Medicine at Harvord Medical School, in answer to o telephone query from MEGICAL TRIBUNE, was far more optimistic.

"I was exactly wrong in my prediction for the Edelin case-that he would be aequitted," said Prnf. Curran. "But this time I feel confident, and that this case will get a hetter showing.

"The great ontery over the verdiet in



Panning Rate Squeeze

Dr. Louis Lewis invited listeners in San Francisco to toke a pomphict on the indipractice lasurance question.

"So," Dr. Currao soid, "I'll go ou the Edelin case should put this one in on a limb and predict that in this cose better perspective. The prosecutors in there will be a directed verdict in favor the Edelin case wore nttacked vocifer- of the defendants. The key element in ously on both medical and legol this case, which invokes an ancient grounds. The judge's determination ta stotute directed at stealing tissue, is give no sentence moy reflect o responfrom each of the mothers."

Postmenarchal Checkup of Diethylstilbestrol Babies Is Urged

SAN DIEGO, CALIF.-All postmenarchal young women whose mothers took diethylstilbestrol in enrly pregnancy should be examined for nonmallanant changes in the reproductive truet that could be associated with clear-cell adenocarcinoma of the vagina and cervix, according to Dr. Arthur L. Herbst, associate visiting surgeon at

Massachusetts General Hospital. In a atudy of 110 young women whose mothers took diethylstilbestrol or related drugs in pregnancy and 82 whose mothers dld not, transverse fibroos ridges in the vagina and cervix were observed in about 20 per cent of the exposed but in none in the controls, Dr. Herbst told an American Cancer Society seminar for science writers here.

Effect on Fetal Davelopment

"While these ridges have no relation to malignancy," he said, "they are evi-dence that diethylstilbestrol has affected the development of the female genital tract in the fetus. In addition, nonmalignont abnormalities of the lining of the vagina were noted in approximately one-half the exposed, compared to only I per cent of the controls.

"Almost all of the exposed subjects had similar tissue changes in the lining of the cervix, in comparison to only one-half of the controls. Blopsies o the abnormal areas of the vagina and cervix showed the presence of benign glandular epithelium (vaginal adenosis and cervical erosion) and associated inflammatory changes."

mulignancy in the group of young women studied by Dr. Herbst, he noted women who developed clear-cell adenocarcinoma of the reproductive trust showed that two-thirds were associated ethylstilbestrol, dienestrol, hexestrol, or other synthetic estrogens.

He also noted that both the molignont and the nonmalignant changes abserved in the two studies occurred only in women whose mothers were on harmone therapy before the 18th week af pregnancy. In addition, the benign glandular changes of vaginal adenosis have been found in almost all cases of vaginol adenocarcinoma where odequute tissue was available for study, he sinted out.

Although as many as 2,000,000 young women in the United States have been exposed to diethylstilbestrol prenatally, Dr. Herbst observed that there arc only about 100 cases of caacer definitely associated with this cause in this country.

"Thus, the risk of cancer development in any given diethylstilbestrol-exposed female appears to be small." concluded.

Survival Rates High

At the same time, he said that survivol rates for young women in whom the malignant changes were detected early and who underwent hysterectomy or other surgical procedures, have been

Although there was no evidence of "It is important," Dr. Herbst commented, "that all [prenatally] exposed females be examined once they begin that an earlier worldwide study of 179 in menstruate, or in any event by the nge of 14 years. We do not feel it is reasonable to conduct screening exnninations on young females before they with treatment of the mother with disuch individuals should have a thorough examination in the event of vaginal bleeding, staining, or unusual persistent voginal discharge, to rule out the

presence of cancer. "An adequate examination includes careful palpotion and visualization of the vagina and cervix, vaginal cytology, iodine staining, and biopsies of abnormal areas that initially appear red or fail to stain with iodine solution. For thase who are trained in its use, the colposcope is useful in providing a magnified view of the voginal and cervical surfaces, and allowing directed rather than random biopsies of any abnormal areas."

Italians Flock to Medicine Medical Tribune World Service

ROME-More Italian students are studying mediciae than any other subject in the national university system, according to figures released by the Notional Institute of Statistics for the 1974-1975 academic year.

With a total of 716,375 full-time nideats, those enrolled in the faculty of mediciae and surgery number 137, 748 or 19.2 per cent.

CLINICAL NEWS NOTE: "The U.G.D.P. study is quite vulid within its own context, but it simply cannot be extrapolated to the whole diabetic population. (Dr. Jean Pirart, see page 1.)

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880 Third Avenue, New York, N.Y., 10022 Tork, N.Y., 10022

Telephone: 421-4000

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Continued from page 1

may serve one state might fail in another, where circumstances are dif-

Nevertheless, certain ideas for reform were mentioned repeatedly as necessary or promising, and politically feasible:

 A ceiling on liability and awards. • Pre-trial screening of suits by a panel whose findings and recommendations would be introduced as evidence to the jory.

Reduction of the statute of limita-

tions to cut the "long tail" of liability. · Establishment of non-profit mutual insurance companies capitalized and operated by state medical societies, writing malpractice policies exclusively.

Also cited as desirable, though less likely to be achieved in view of polltical factors, was the imposition of a sliding senle of contingency fees on payments to plaintiffs' lawyers, and emoval of malpractice claims entirely from the tort and jury system to one of hinding arbitration, as in workmen's

Actions by States

In several states which are expected to weather the coming months-notably Indiana (MT, April 23), Florida, and Idaho-some or all of the first group of reforms have already been enacted. But in two key states where a prolonged breakdown of services has occured or is anticipated-California and New York-the only major bills that have become law are those setting up compulsory joint underwriting associationa, regarded as short-term, emergency devices to provide coverage as individual commercial carriers quit the malpractice field or hike premiums up to 600 per cent.

The Indiana legislation, signed by Gov. Otis Bowen, M.D. and tsking effect July 1, was praised by respondents in other states, who said they were studying it as a model. Its principal features include a \$100,000 ceiling on damages against any one physician, with an additional \$400,000 available from a "catastrophe" fund capitalized by all the health-care providers in the state; a reduction of ths atatute of limitations from three years from date of discovery to two years from date of the negligent act; and pretrial review of all suits by screening panels of three physicians and a lawyer

A source at the Indiana State Medicai Association told MEDICAL TRIa-UNE that "although the new laws aren't a panacea, they should help restore a stable situation as far as the insurance indostry is concerned. Its actuarlsi experience will be easier to define. Companies that had threatened to leave the state have changed their minds. Medical Protective of Fort Wnyne, which writes most of the business, has promised to stay in without substantial premium increases while everyooc sees

how things work out." A similarly cautious note was struck by Fiorida's Gov. Renbin Askew when he signed that state's reform package: "We have had, until just recently, oo anesthesiologists, with some support

canfronting the malpractice issue."
The Florida legislation fallows In-

diana's in limiting liability, reducing ths statute of limitations, and mandating pre-trial screening. It also sets up a Joint Underwriting Association of all liability companies in the state, in spite of the fact that a U.S. district judge, ruling on a suit brought by the state medical society, has enjoined the majar carrier, Argonaut, from leaving the end of the year.

'A Good Start'

Don Jones, Executive Director of the Society, told Maoical Triauna that the package is "a good start, but there's more to de done in the way of legal reform before premiuma can be controlled." He said that the chances of job actions and strikes by physicians had been considerably diminished.

The prospect in Maryland is cloudicr. in part because Gov. Marvin Mandel and many legislators are opposed to changing malpractice law.

The only steps taken so far have been by the insurance commissioner, Thomas J. Hatem, silowing St. Paul Fire and Marine a hefty increase in premiums through July, and by the state medical society, authorized by the legislature to form a mutual company to pick up policies of physicinns who dropped the commercial estrier

John Sargeant, executive director of the Medical Society, declared in aa interview with MEGICAL TRIBUNA that he was confident the new company would be able to give coverage while lobhying for reform continues, thus svoiding walkouts by physicians.

His optimism is not shared, however, by all physicians in the state, some of whom are worned about the economic viability of their own company. Dr. Lois Lee, chief of anesthesiology at Holy Cross Hoapital, Silver Spring, said that "many of our questions about the company have not been answered satisfactorily, and therefore I wouldn't be surprised if at least some anesthesiologiats take a 'leave of absence' this summer until the company proves that it can deliver. There'll he emergency service, of course, but we'll be stretched thin."

Climate of Practice Ridiculous

Questioned on her personal plans. Dr. Lee and "the climste of practice has become ridiculous-I'm close to heing in a queadsry. I fully understand and applaud the anesthesiologists' ac-California.

It was the walkout of San Franciscoarea anesthesiologists from May 1 to be coverage, after all, aven if premiums May 28, in protest against premium increases of 375 per cent, that catalyzed California's malpractice crisis, perhaps the worst in the nation so far. A special asssion of the lagislature, called by Goy, Edmund G. Brown, Jr., failed to resolve any outstanding Issues, even though strike-bound hospitals offered to pay their housestaff's insurance costs for an Interim period, Militant real experience in state government in from the state medical Associstion,

were demanding to see signs of netion on reform of maipractice law before they wauld parform any but emergency

Dr. Carl Gaetsch, an obstetrician and gynecologist, president of the Cal-ifornia Medical Association, told Med-ICAL TRIBUNA that he doubted there would be a definitive end to the strike until the legislature began to move on Gov. Brown's proposuls for "thorough reconsideration of the legal and medical professions, and the inaurnice industry.

Among the first reforms, Goetsch said, would have to be "n hard and fast statute of limitations, and a collateral source rule so that nigintiffa could not recover malpractice dsmages when they were niready cnyered for the same injury by some other policy." He said he would like to have n ceiling on awards, but "given the facts of life in California, there's not much chance of that."

His comments were endorsed by Dr. David S. Ruhsamen, n Berkeley physician and lawyer who is an expert in malpractice law. Dr. Rubsamen added that in Californis, "the immediate problem is not caused by the threat of the unavailability of covernge, as in New York, but by exorbitant premiums, which are usually n function of big losses in judgments paid out and insurance company investments in the stock market that take n beating.

"The Joint Underwriters Association, or a doctor's company, are no answers to that at all. Rnics would coutinue to be sky-high. To hring them down, there must be clinnges in the law. On that score, as far as California is concerned, my crystul ball does not look gaod."

NY Crists May Be Worst

Potentially the worst crisis mny be brewing in New York. On the evo of a critical meeting of the House of Delegates of that state's medical society, voted 143-82 to reject a socalled "compromise" reform bill put together by the legislature and signed by Gov. Hugh Carey, several physielans expressed the opinion to MBOt-CAL TRIBUNE that however the vote went, there was a chance of strikes soon. The bill creates a compulsory joint underwriting pool of 200 companies, backed up by the state insur-ance fuad, to write policies whan Argonaut pulls out July 1, and provides for the establishment of a doctor-run company. But it makes none of tha changes in the adjudication of auits asked for by the medical sociaty.

"It's less, a lot less than we wanted," Dr. John H. Carter, chairman of the medical society's legislative committee, admitted, "Yet many doctors think that andar the circumstances, thay can live with it, for a while, anyway. There'll go up again, as I'm sure they will. Basically, what the legislature has done is throw the problem back in our laps again. Can we raise the necessary capital for our own company and make it run while we push for more reform? That's the big question. But even if we do that, some militant doctors in high-risk specialties are going to take

Dr. Andrew H. Patterson, chairman

practice, also hoped that the Hope of Delegates would approve the bill, eva though he too was "disappointed" with the legislature.

"The people in Albany did nothing to affect costs," he said, "which is s profound futiure of responsibility to their constituents, our patients. However, I would certainly hope that dostors would not feel it necessary to well off. The consequences would be incalcoinfile-some hospitals would be in bunkruptcy within weeks."

Dr. Norman S. Blackman, cardioogist and president of the Kings Coonty Medical Society, took a much die. mer view of the bill and flatly predicted cessation of non-emergency services beginning July 1, no matter what the House of Delegates decided.

"The bill is dismaying." Dr. Blackman said. "It's strictly a lawyer's bill that for the first time says in black and white that the best way to get medical care is to threaten to sue your doctor. The concept of a doctor-run company doesn't impress me-it's just snother way of paying musom to the legal systein. After June 1, 1 won't accept new patients, and after July 1, 1 will stop practicing if there isn't an acceptable reform package in the works, similar to Indiana's."

Intermediate Prospects

Elsewhere around the country, doz ons of states that are involved in the process of malpractice salvage and reform seem to be facing immediate prospects neither so comparatively encournging as Indiana's and Florida's nor as dire as Californis's and New York's. Major reform bills including joint underwriting schemes are ap prouching the desks of the governor of Tennessee, Washington, Texas, North Carolinn, and lows.

In Michigan, the state supreme court hus handed down a decision allowing reguintion of luwyers' contingency fees; Michigan is only the second state, after Now Jersey, where such a ruiling has been made. And in a handful of unusual states such as Hawail and New Maxico, no serious maipractice probiem exists, due in large part to the success of screaning pannis set up years ago, which have excellent relations with the courts, lawyers, and the insurance industry, H. Thom Therson, Hawuii Medical Association executive director, says that there has not been a court reversal of the Hawaii panel's recommendation since 1959.

A.M.A. Reinsurance Plan

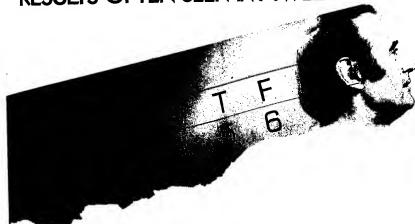
Both the A.M.A. and H.E.W. are strongly disposed to coatinue letting state legislatures and organizations try to solve the malpractice problem for themselves. Bruce Nortell, an A.M.A. staff attorney, told Medical Tribuns that in line with this principle, the Association will dehate a proposal at its annual convention for a reinsurance company sponsored by the AMA.
The company would provide excess loss coverage for those state medical societies which set up their own mutual companies, on the condition that there have been fundamental reforms made in the tort law of the state.

"I don't foresee any federal legisletion or involvement this year," Nortell added. "The Kennedy and Inthe society's subcommittee on mal- ouye bills are dead lotters

MELLARIL
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IN CLINICALLY SIGNIFICANT DEPRESSIVE NEUROSIS-RESULTS OFTEN SEEN IN A WEEK



Meilar II cen often heip you give patients with depressive neu-rosis relief within a week. In 14 double-blind studies of four weeks duration, 339 pallents with depressive neurosis receive Meliarli. In These studies, 55% of the overall improvement was observed by the end of the first week, and e total of 293 patients (86%) improved during the four weeks.*

With Meliarli, patients often have en end to such symptoms as insomnia, G.i. symptoms, irritability, dejection, and hopeless ness before they have a chence to become entrenched.

Mellari (thioridazine) short-term therapy of moderate to marked depression with variable degrees of anxiety in patients with depressive neurosis

administrative region when the potential benefits accord the pressible in this to entries and intex.

Presentions: There have been intrequent regions of setamports and variety region of the property of the

confusion, hyperactivity interact, proceedin materian, représentes, and installacie. Assessing services system—Typeness of mouth, and installacie. Assessing services system—Typeness of mouth, the control of the co The property of the property o



. . . brief summaries of editorials or comments in current medical and

Autotransplantation Ahoyl

"... hard-won clinical experience is defining the surgeon's role in the managenient of renovascular hypertension. With careful study of the early films. routine intravenous urography can select most renovascular cases from the hypertensive multitude. But in the presence of a normal program the decision to proceed to arteriography may have to be based on clinical features alone, so as to prevent a few patients from slipping through the diagnostic net. Progressive hypertension in the young, neurofibromatosis, recent trauma, or a history of maternal rubelln may all suggest the possibility of a correctable aurgical lesion as the cause of the hypertension. Prediction of the outcome of nephrectomy or arterial reconstruction ia more difficult, and no alogle iuvestigation excels. Renal-vein-renin ratios of greater than 1.5/1 and arteriovenous differences across the contralateral kidney approaching parity are popular methods, but the final decision must be made in conjunction with the results of divided renal studies, isotope renography, and gaminn-camera scans. . . .

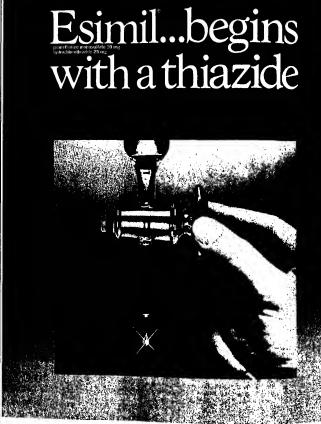
... experience shows that, for a good chance of success, the patient must score four F's in the clinical examination: Females under Forty with Fibromuscular hyperplasia in the First part of the renal artery are the most suitable candidates for arterial reconstruction. The over-forties will come to operation only after medical treatment has failed . . .

This restriction of surgical activity has allowed surgeons to focus oo a group of patients who are likely to re-spond if the operation is technically successful. Resection and reanustomosis, reimplantation, and reversedsaphonous-vein bypass are all firmly established as standard techniques for dealing with stenotic lesions of the renal artery. Autotransplantation is in its infancy, but io an adventurous series from Australia over half the patients were treated by this method, apparently without increased surgical morbidity. This approach overcomes some of the technical problems of renovascular reconstruction. The atheromatous sorts is no longer a technical hazard; surgery of the renal artery itself is simplified; and microvascular surgery to branches of the renal artery becomes possible, Leaving the ureter intact during the procedure will lessen urological com-plications..." (Editorial, The Lancet, 1:961, April 26, 1975)

'Cancer Risks and Rates'

Medical Telhung Report

BETHESDA, MD.-"Cancer Risks and Rates," a new edition of the 1964 booklet, is now available free from the Office of Cancer Communications, National Cancer Institute, Betbesda, Md.,



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...added to perhaps the most effective antihypertensive available, guanethidine...

to create a logical team of therapeutic activities ... for controlling moderate to severe hypertension.

Wednesday, June 18, 1975

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titrate to

hydrochlorothlazide 25 mg

CIB

WHO Chief Urges: Think in Terms of **Entire Populations**

GENEVA-Physicians and other persons responsible for health care in nonurban and developing areas throughout the world will have to start thinking in terms of their responsibility for entire populations instead of individual pa-tients, according to Dr. Halfdan Mab-ler, director-general of the World

They will have to be willing to delegate much responsibility to auxiliary health workers, usually recruited locally, he said in his annual report to the World Health Assembly here. This will mean abandoning the tradition by which provision of medical care has always been jealously guarded as the sole responsibility of the doctor, he

Reviewing disease control, Dr. Mahler reported that smallpox transmission has been interrupted in Pakistan and eliminated elaewhere, except for small areas in Bangladesh, Bihi-opia, and India. Even after final cradication in these areas, however, a further two years of search will continue for hidden cases, he said.

On the other hand, the malaria situation is steadily deteriorating, he said, and the disease is again raging in some countries that were on the verge of eradication a few years ago. He warned also that diphtheria,

whooping cough, tetanus, measles, and poliomyelitis, although now relatively unimportant as public health problems In the richer countries, are still important causes of mortality among chil-

dron in the developing world.
"In fact," he said, "policocyclitis is fast attaining the epidemie proportions. that were common elsewhere before

the advent of mass vaccination. Dr. Mahler accounced that twenty countries now belong to the W.H.O.sponsored early warning system on adverse drug reactions and that 85,000 reports of adverse reactions to drugs inder more than 8,000 different names have been received so far.

W.H.O. is also setting up a system for the early identification of health hazards in the environment, he said.



pregnanti'



Renal Transplant Deaths Held to 3% in Paris

By SUE WYMELENBERG

BOSTON-"A series of small improvements in patient treatment" is enabling the Necker Hospital in Paris to reach good survival figures for kidney transplants, Dr. Jean Homburger told Medical Tribune in on interview during the week he spent os visiting physican-in-chief at the Peter Bent Brigham hospi-

Dr. Hnmburger, who is chief of nephrology at the Necker, said that at at 120 centers, most of which are hoshis hospital, the most important factor pital based. The dialysis centers are in attaining better aurvival rates "besides good clinical follow-up-is a series of teats which permits more exact and more lucid treatment of each

they reject a kidney. In the last two death rate in traosplants overall."

Almost one-third of the approximately 350 renal transplants performed yearly in France take place of the Necker, although there are some 25 hospitals throughout the country that also do the procedure.

120 Hamodisiysis Centere

Hemadialysis is available to patients patient cannot be accommodated by one, the system will locate an available bed at another. Treatment results from each center are computerized and gen-"Pntients are no longer dying when emily available to all hospitals.

As in the United States, there is no years we have had only a 3 per cent acute shortage of transplantable kidneys, not only in France but in ull of Europe, Dr. Hamburger noted, adding that he is hopeful that the recently organized inter-European kichney exchange will be effective in making more nyailable.

A problem more difficult to solve, he observed, is the shartage in France of medical terms trained to perform transplants.

"In France we now do about one transplant a dny; we would like to be connected by a teletype system; if a able to raise that number to about 1000 a vear.

A useful breakthrough in the trentment of renal failure, he reported, is the development of an artificial kidney which uses a new type of mem-

brane. The membrane is much non permeable for mulecules in the middle weight range and accomplishes a conplete dialysis in one-half the time present equipment requires, "with reasonably good results."

The new membrane is made of polyaerylumide and Dr. Hamburger described its performance as "quite different;" u possible solution to the twin problems of patient load and high cost that now plague the treatment.

Patients prefer it, of course, he said. because of the shorter time required. So far 12 patients have been treated on the new unit, and the first patient now had had twn years with it.

At the Necker Hospital, the everpresent problem of graft rejection is being attucked from several different directions, the French cephrologist



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Whenever an APC/narcotic is indicated

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Current Opinion

Wednesday, June 18, 1975

What's In A Word? Guilt By Definition

By Dr. JONATHAN O. COLE Psychiatrin, McLean Hesphal, Belmont, Mays, and Lectures in Psychiatry, Harvard Medical School; excepted from Mussachusetts J. Meuhil Health, Whiter, 1975.

Let's TAKE RED-WETTING as an example for consideration of the ramifications.

One behavior modification approach to bed-wetting is the use of an ularm system which is triggered when the patient urinates in bed. Activation of the load alarm scares the subject and presumably conditions him not to wet the bed. This

punishment on unwilling prisoners

poses more of nn ethical dilemma.

However, it may well be that impartial

boards of ex-prisoners, psychologists

grants of this sort far preferable to

and investigators would find some pro-

these wards as epithets . . .

have to be fuced. Arguing by unalagy

or special example is always faulty, but

Clockwork Orange n) might have pre-

sometimes works. Less drostic behavior modification techniques such as of programs of systematic reward and withholding liquids before bedtime and waking the subject up during the night to go to the bathroom may also help. Occasionally rare organic abnormalities are found which can be treated. In addition, certain drugs, particularly the tricyclic ontidepressants, are clearly more effective than placebo in causing patients to stop wetting the bed. It is even possible that the bed-wetting is a symptom secondary to conflict within the family as a whole and it may well be that family therapy would be succuessful in some coses and that individual psychotherapy might be of use in

Acceptable to Patient?

The main issue in ottempting to cure bed-wetting is to figure out a treatment which works and which is acceptable to the patient, and several might have to be tried. As with other forms of behavior modification, the questinn can be raised as to the informed consent of the subject.

It seems likely that must people, including children who wet the bed, would rather not wet the hed and are therefore willing to go nlnng with any reasonable approach to treatment. Assuming there are some individuals, adults or children, who do not wish to ston wetting the hed, they presumply are untreatable. However, society, manifested perhaps by an angry mother, will at some point force the individ-Oal who wishes to continue wetting the bed to handle his own laundry, sheet changing, etc., invoking another form of behavior modification, namely aversive conditioning. It may or moy not work, particularly if it is not systematically applied.

Attitude of Prisoner

In prisons where behavior modifieation programs have been tried, there must be parallels to the bed-wetting paradigm. Assuming a prisoner is rly informed about the nature of a behavioral modification program ond has the option to withdraw from it if he finds it unpleasant or undestrable, there seems to be no conceivable objection to offering a prisoner or a group of pris-ocers a change to change behaviors which they agree need changing. /

There must be some proportion of the class including all prisoners who feel that their behavior in the past has caused them to get into trouble repealedly and who would welcome an opportunity to change themselves in such a way that they could stay out of trouble in the future. The impositions

Again, I would agree that some psychotropic drugs under some circumstances are not appropriate for use in prisoners and probably have been abused either by the prisoners or by

throwing the prisoner into solitary far Clockwork Orange Anslogy I, too, have read Clockwork Orange, but I have no reason to believe that current methods of hehavior modification or rehabilitation are unywhere near to being developable or implementable to be able to produce the result described in that scientific fletion novel. When ". . . I'd like to pray for saulty, restraint and judgment in both the use and interpretation of the phrases behavior modification' and 'psychotranic drugs.'... Please don't use and if behavior amdification techniques reach that degree of precisiun and patency, the implicit ethical issues will

To my mind both kinds of psychotropic drug use described above constitute misuse. Antipsychntic agents are I um tempted to note that the hem in "nverkill" when used to punish inmates of correctional facilities for infractions ferred to have his hehavior mndlfied as of the rules. Further, when used to treot against spending the rest of his life in hostile, rebellious, assaultive behavior prison or going in the electric chair and in prisoners, they are probably ineffecb) n gand behavior modification program would have been oware of the antive. On the other hand, they are excellent drugs for treating schizophrenic vironment to which he would return illnesses and are olso effective in reducand would have helped him develop ing impulsive unstable behavior in techniques for coping with the environsome patients with marked frequent ment or would have helped him find mood swings. To cootrol this type of psychopathology, low steady mainte-nance doses of the drug are necessary. Episodie intramuscular injections are

Deprivation of Petients

one that would be far less stressful.

My fear is that a massive uncritical apposition to behavior modification programs will end up depriving a large number of mentally retarded, mentally ill and seriously socially maladjusted individuals of an opportunity in change their behaviors in a way that will greatly benefit them. I strongly support developing appropriote review bodies to evaluate the components of behavior that they are sensible, reasonable and likely to be effective.

But the banning of all programs havior modification" is irrational and

Problem with Psychotropic Drugs

The same prablem exists with respect eently emerged from the Joint Commit-sive medication may occasionally be

tee on Social Welfare in Mossachusetts which hans the study of psychotropic drugs in prisoners. The earlier druft of the bill sought to put severe limitations on the use of psychotropie drugs in

Again, I think that the Clockwork Orange fantasy was operating in the minds of the proponents of the legislation. Psychotropic drugs are assumed to be, in some way, evil. The proponents may well suspect that some drugs are addicting; other drugs probably change personality or in some way compromise the subject's mind or behavior.

those responsible for the prisoners.

I understand that in the past there

had been extensive prescribing of sedative and antiauxiety drugs in Massachuscus prisons at the request of the prisoners. These drugs, which resemble harbiturates in their oction, are liable to abuse ond may well have been requested by the prisoners as o way of getting "high." Also, in other parts of the country, intramuseulnr injections of antinsychotic drugs are sometimes used in prisoners or juvenile delinquents in na attempt to suppress violent, hostile, sultive behavior. I have recently testifled in court against such use of chlorpromazine by a facility for juvenile deinquents in New York State. There, according to the records I liave examined prepared by the facility's treatment staff, youths were often given intramuscular chlorpromazine after having a verbal argument with a counselnr and becoming upset when placed in solitory confinement.

not appropriate.

The Prisoner With Anxiety

Similarly, diozepam or ehlordiazepoxide or even the barbiturates are sometimes quite effective in treating both chronic and acute neurotic anxiety. When a prisoner is suffering from a clear aoxiety state which eannot be modification programs to make sure adequately handled by either counseling or environmental manipulation. then such drugs are appropriate. Antidepressants may well have a place in which somebody chooses to eall "be- the treatment of mild to moderate depression in prisoners. Lithium carbonate bas been reported to be quite helpful in cantrolling severely disturbed, impulsive, assaultive behavior in prisaners identified as having auch behavlo psychotropic drugs. A bill has re- ior with great frequency. Anticonvul-

helpful in prisoners whose unstable, antisacial behavior may be secondary to abnormalities in brain function.

Lack of Studies

In short, I believe that psychotropic drug use in prisoners can occasionally be most appropriate although the physician or psychiatrist prescribing drugs for prisoners must be wary about the nbuse potential of some of these drugs. Furthermore, there have been almost no systematic studies of the effectiveness of psychotropic drugs in treating various symptoms and behavioral adinstment problems in prisoners. Such research badly needs to be done.

Again, within any prison, I om sure there is a group of individuals who feel very uncomfortable within themselves and very unsure of their ability to maintain stability or well organized behavior either within the prison or later in the community. Such individuals often want help and it is possible that present or future drugs will be able to provide it. Some proportion of criminality is likely to be secondary to some type of abnormality in brain function or to the presence of intense emotions with which the patient's personality caunot

Need for Research and Review

I not neguing for the promisenous testing of all sorts of new psychonctive drugs on defenseless prisocers. 1 nm in favor of well designed, well planned and thoroughly reviewed research projects-the review must contain institutional review at the prison with prisoner participation-which result in the completion of sound resenreli projects that provide meaningful information about the effects and usefulness of psychooetive drugs in prisoners. Such studies should be of benefit not only to the prisoners porticipating

but ultimately in prisoners in general. In conclusion, I'd like to pray for sanity, restraint and judgment in bath the use and the interpretation of the nhruses "behavior modification" and

. . to kill off a treatment approach because someone somewhere sometime inight conceivably be given it against his will or punitively is to do malicious harm to us all . . .

"psychotropic drugs." Neither the words nor the treatments denoted by them (justly or unjustly) are either necessarily bad or good. Please don't use these words as epithets. Both drugs and behavioral techniques can do a lot of good.

I am also pleading that treatments be evaluated on the basis of their efficacy and used if they work and condemned If they don't. They should be con-demned also if they do more harm than good, But to kill off a treatment approach because someone somewhere sometime might conceivably be given it against his will or punitively is to do malicious harm to us all. Psychiatric treatments are not nearly effective enough now; to block off study or application of newer approaches is to condemn us all to treatment by whim or belief and to relum us to a presclentific primitive level of psychiatric practice-and unevaluated practice at that!



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iona are more likely to occur in pa-tory of allorgy or bronchiel calma.

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Medical Tribune

and Medical News

Damn the Cost-Full Speed Ahead!

THE GENERALMENT OF Health, Education and Welfare, now busily formal distributions must also add both expenses for surveillance and ulating economic regolations on pre- administrative errors; also to be added scription practice, is the same agency which has just acknowledged that govemment officials at various levels are of H.E.W.'s economic control of preresponsible for one billion dollars of scription drug practice can be an ecoerroneous welfare payments in just

This is independent of cheating by eare. recipients. "We don't know how much cheating there is because it hasn't been studied," said a welfare ndvisor to H.E.W. Secretary Cuspar Weinberger, "but it is probably well in excess of 15 per cent and may be close to 30 per cent." Quite n differerence from the previous claim of less than one per

Thus, error accounts for misuse of about one billion dollars and chenting for up to three billion.

Previously MEDICAL TRIBINE had noted editorially H.E.W.'s claim that savings of the order of one-three hondredtlis of the above waste justified regulatory changes in doctors' prescription practices. They did not note that these hypothetical "savings" had omitted administrative costs and hatt out of health care costs, it's "damn the credo. Nowhere have I found a basis never had a test of feasibility. It is now cost, full speed ahead."

changes in their pattern of use of hypn-

What has remained constant has

been the use of thiazides in almost all

tensive agents during that interval.

Management of Hypertension in Australia T is an enlightening experience to cent." Among the reasons cited for the rend about the "Changing Concepts" switch to the beta adrenergic blocking agents are that "in all geades of hyper-In the Management of Hypertension" as reported in a recent issue of The tension, betu infrenergie blocking

Incomprehensible? Perhaps not;

make for headlines if not for good een-

and the public. It would seem that

when political capital can be coined

will be the burden of chenting. The ulti-

mate cost in government and patients

numic catastrophe that will further

significantly escalate the cost of health

magnitude of billions occurred is quali-

lied to alter prescription practices on

It escapes us to why a government department under which errors of the

agents considerably reduce and may Medical Journal of Australia, Dr. altingether eliminate the postural fall Priscilla Kiucaid-Smith and her colin the blood pressure which is seen with many other agents"; "a further leagues at the Royal Melbourne Hospital and the department of medicine udvantage of bein ndrenergie blocking of the University of Melbourne have reviewed their management regimes in agents is that they produce fewer side effects than older forms of treatment." an active hypertension clinic attended Although elonidine was found to be by 591 patients over a 13-year perind, from 1961-1974. They report marked

an effective agent, its use in the clinic "had declined in the post year at the expense of treatment with beta udrenblocking agents combined with thiazides and peripheral vasodilatars."

Cloniding has only recently been ap-

cases throughout that period. There proved in the U.S. for the treatment of was "a swing away from the sympathhypertension; hy this time its exhibi-tion at the Royal Melbuurne Huspital olytic and ganglion-blocking agents to methyldopa" in the interval between 1961 and 1967. What happened in the clinic is in decline. The use of a beta next seven years was "a swing towards adrenergic blocking agent for the treatment of hypertension is still not approved in the United States; in Austwo new methods of treatment-namely beta adrenergic blocking agents tralia, more than one beta adrenergie and peripheral vasodilators" as agents blocking agent is legally available for for the treatment of hypertension. As the treatment of hypertension. the report nates, "Over 60 per cent of patients in the clinic are now taking a

"Cod's will," said Herhert, "grinds slow but sure." It would seem that the the proportion receiving peripheral F.D.A. seeks divine approval for its dilators has risen to over 20 per rate of speed.

Once Again, "America First-or 41st?"

N 1971 MEDICAL TRIBUNE COMor 41st?") on the fact that lithium could finally be prescribed in our counry after its availability had been estau-lished in 40 other countries from Ar-41st" try after its availability had been estab- more than 40 countries. geating to Zambia.

beta adrenergie blocking agent, and

Now, in 1975, we learn that Sinemet, mented editorially ("America First a new Merck drug for Parkinson's discase, is "in the last stage of olearance"

Once again, "America First-or A.M.S.



"For that matter, what makes you think you're a psychiatrist?"

LETTERS TO TRIBUNE

The Publisher's Blast

economic grounds and on the flimsiest I have been associated with MEDICAL of unproven and untested claims. It is incomprehensible why bureaucrats TRIBUNE for twelve years and, if it were not for my fondamental responsibility, focus with diligence and intensity on I would ask to be removed from the hypothetical, improbable "savings" of mniling list in view of the article rentillions while errors costing hillions eently published entitled "Questions occur year in and year out, under their and Answers on Vibrators." noses, within their jurisdiction and under their responsibility.

As an editor, you know that the pub-lisher of MEDICAL TRIBUNE has long "money saving" stories, even if fubles, favored an open-minded attitude on the reportage of scientifically valid articles numics. Costly? Yes, for our patients and material nn sex education. You must also be familiar with the fact that MEDICAL TRIBUNE has an editorial in its credo for that particular article.

I must sny that the only thing the vibrator has succeeded in doing for me is in shake me up in respect to some of the material earried in MEDICAL TRIN-UNE under the negis of the right of the editors to n free press.

ARTHUR M. SACKLER, M.D.

New York, N.Y.

MIDICAL TRIDUNE is milique; usually the editor is fived in cases like this. See page 25 for comment by sex therapists on the same article. Ed.]

V. A. Peer Review

Dr. John R. Chase, Chief Medical Director of the Veternns Administration, has stated that a salary bonus for V.A. physicians is necessary to avoid staffing crisis in its hospitals.

Actually, V.A. physicians already have substantive access to a salary "bonus" in that, according to regulations, they may treat private patients and receive supplemental income for teaching at a oniversity affiliate, so long as this does not adversely affect the treatment of veterans.

In my opinion, job satisfaction and personal dignity can be more impor-tant to an individual than a high income per se, within or outside of the V.A. I feel that the most important factor lacking in the V.A. hospital system is true peer review of a physician's performance, particularly that of the service chiefs.

The resolution recently submitted by the idaho delegation of the A.M.A. urging that federal hospitals be required to meet the same standards as voluntary hospitals, including peer review, deserves the utmost considera-

tion in my npinion. I believe that most professionals enter V.A. service with the primary desire of serving veternns. I further believe that if potential V.A. physicians could be assured that their expertise in this direction woold not be thwarted by lesser or nonqualified administrative "superiors," the problem of V.A. physician recruitment would be largely solved.

FOLKE BECKER, M.D. Birmingham, Alnbama 35205

Symposium Syndrome?

I have just rend the cilitorial entitled "Ethics and Experiments" (MT, Mny 14). I have no quarrel with the basic philosophy expressed. However, I am disturbed by what seems to be a proliferation of nanecessary camplicated approaches in obvious problems and their management.

There is a certain hyperbole in the first sentence, "In the few years since its establishment in 1969, the Hastings Institute of Society, Ethics and Life Sciences has incrensingly served as an interdisciplinary cutalyst. It went an to state that they have mobilized the thoughts of physicians, biologists, phi-Insophers, Inwyers, sociologists and others to consider the nature of ethics.

This proliferation is probably the Symposium Syndmme, a diagnosis invuriably associated with episodie Acute Committeeitis. We might state a simple formula that:

Ethics=Eternal Verlties Technological Bureaucracy

After mulling this over a bit, we might take the recently exhumed committee word, Thanatology, and replace it with a more direct phrase, Study of

CHARLES E. MACMAHON, M.D. Scattle, Wash.

P.S. If the formula: Ethics=Eternal Verities

Technological Bureaueracy comes out a fraction, we're in a hell of

N.B. The reduction of evaluation of behavioral values to a formula was suggested by Henry James-

Pretensions

cesaful treatment of smallpax, he acquired a high reputation among the faculty," according to Harper's Ency-clopedia of United States History. In his practice, he relied primarily on the lecches, purgatives, cupping devices and herbs that then constituted the physician's armamentarium.

However, Dr. Warren's fame rests on his role as one of the prime organizers af the revolt against British rule through the committees of correspondence in each community.

He was a protege of Samuel Adams. chief strategist of the coloaists cause. At a meeting at Dr. Warren's house, in September, 1774, Samuel Adams, James Otia and others discussed the formulation of demands in a Boston town meeting that "forced the British government to prepare for war with Massachusetts," historians later said,

Aided by Doctor Brother

In all this Dr. Warren had the help and collaboration of his physician brother, Dr. John Warren, a participant in the Boston Tea Party. Dr. John Warren later drew up plans for Harvard Medical School, became its first professor of surgery and anatomy, and helped found the Massachusetts Medical Society.

In September, 1774, Dr. Joseph Warren personally drafted the "Suffolk Resolves," which attacked the coercive laws under which the British governor had closed the port of Boston and confiscated local taxes. This was a daring open challenge to British rule. It was, historians later said, "a complete declaration of war against Grent Britain." And Dr. Warren, as soon as it was passed, hunded a copy of it to Paul Revere who personally rode to Philadelphin to deliver it to the rebellious Continental Congress which adopted it after much debate.

Dr. Warren played a leading role in one of the pre-Revolutionary uproars that he and Sam Adnas kept churning up. On the occasion of the fifth anniversary of Boston Massacre, Dr. Warren delivered the annual orntion. British officers filled the Old South



The 10-cent stamp com 200th anniversary of the Battle of Bunker Hill, issued on June 17. The design fentures the dying Dr. Warren; it is hased on a delail of the famous painting by Trumbull on page 1.



Meetinghouse expecting to "beat up abreeze," in Samuel Adams' phrase. But Adams welcomed them civilly and then Dr. Warren, clad in a "Ciceroaian toga, mounted the black draped pulpit' -surrounded by the most violent of the revolutionaries, the Adamses, Cooper, John Hancoek, and the Boston Select-

Dr. Warren concluded his oration without provoking a riot by carefully not using the wards, "bloody msssacre." But when he finished, Samuel Adams jumped up, praised and thanked Dr. Warren and proposed another oration for the following year "to commemorate the bloody massacrel"

Whereupon the British officers jumped up, crying "O Fie, O Fie," and waving their arms indignantly. At that moment a British regiment was passing by, its drums rolling. Some of the eldzenry thought the British were crying "Fire" and made for the doors but a great many more thought they were about to be slaughtered in a British trap-and they went out the win-

Dr. Warren presided over the Mas-achusetts Provincial Congress in 1774 and chaired its committee of safety. He was commissioned a major general in the Massaebusctts militla.

When Gen. Thomas Gage, the British governor, sent troops to arrest Samuel Adama and John Hancock and to destroy the military stores of the militia at Concord, Dr. Warren's friends informed him of the troop movements and he had previously arranged for Paul Revere to arouse the countryside. Dr. Warren has been eredited by some authorities with organizing the Indian-style fighting that defeated the British troops at Lexington and Concord...

After that Dr. Warren gave himself over entirely to military operations. He opposed fortifying Bunker Hill (Charlestown Heights) because the shortage of powder made it seem ton risky to him. Later events proved him right. But at the time, when the decision was made to fortify Bunker Hill, he resolved to take part. Others begged him not to expose himself because "your life is too valuable for us."

But just before the battle began Dr. Warren weat to the redoubt on Bunker Hill with his musket. Colonel Prescott and General Putnam offered him command of the defense, but he refused, aaying: "I shall take no command here. I came as a volunteer with my musket to serve under you."

Helped Cover Retreat

Finally when the Americans did indeed run out of powder, Colonel Prescott ordered bis men to pull back. Dr. Warren stayed behind to cover their retrest, then started to move back himself. At that point, according to Harper's Encyclopedia, "an officer of the British army who knew him called out ta him by name to surrender, at the same time commanding his men to cesse firing. As Warren turned, nttracted by the voice, a bullet penetrated his brain and he fell dead."

The Continental Congress voted him a monument and resolved to pay for his infant son's education. A Masoalo lodge erected a pedestal in 1794 on the spot where Dr. Warren fell, It stood there until the Bunker Hill monument was built on the same apot. The latter was unveiled on June 17,

Dr. Warren was only 34 years old at the time of his death.

Patient Role Urged In Antitumor Drug Use in Pregnancy

Wednesday, June 18, 1975

NEW ORLEANS-Let the patient parties pate in the decision as to whether antitumor drugs, which are highly teratogenic, are to be administered during

This was the advice of Dr. Walter R. Cherny, director of post graduste edu-ention at the Good Samantan Hospital, Phoenix, to physicians attending the New Orleans Graduate Medical Assembly.

"People with malignancies da get pregnant," he reminded. "We know that the risk factor of fetal abnormalities runs as high ns 45 per cent to 50 per cent in soinc of the cancer drugs.

"The mother shauld be told this. She should know, and ber wishes must be considered."

Dr. Cherny's own view is: "If you bave to use it, do it." But if a drug is not essential to the pregnant patient's well-heing, avoid it.

He noted that most of the common medications, including antibiotics, cold remedies, and antihistamines, have sume teratogenic qualities. But physicians should not over-react and go to the extreme of withholding essential medicines, "Balance the risk," sald Dr. Cherny, "If n drug is essential, it ought to be useti,"

At the same time he discouraged the prescription of drugs just because they are available

"Take nations discomfort, vomiting The condition is not life-threatening-In this circumstance, don't use antinausen drugs," the obstetrician advised. "And in mild infections, don't give anti-

Regular Prescription of Iron

He added that the only chemical which should be prescribed regularly is the one the body needs but eannot store -iron. "A progrant woman needs large amounts of iron. It is innocuous, except in gross overdoses."

There is a serious question, he said, as to whether a pregnant woman needs prescription vitamins.

He warned against a tendency to prescribe drugs "just to make the paent feel better

Dr. Cherny advised aggressive measures against the development of toxemia.

He told the New Orleans Graduate Medical Assembly The condition-signs of which are rising blood pressure, ex-cessive weight gain, pnffiness of the face, eyes and fingers, kidney damage is not an indication for immediate delivery, he sald. "You don't bave to

subject the baby to immaturity." Onset of toxemia "is an indication that the patient has lost her ability to cope with physiological stress.

"Be aggressive in guardiag against the condition. Watch for elevating blood pressure, rapid weight gain, kidney damage, a special kind of swelling that is not just edema. Don't confuse puffiness of the face and fingers with the usual awelling of ankles and feet."

He said the best safeguard is to keep the patient in good health.

Arteriosclerotic Basis Denied For Bulk of Senile Dementia

Continued from page 1

ta he "essentially identical" to pre-sentle dementia of the Alzheimer type. He estimates that 65 per cent or more of all sentle dementin pottents have the Alzheimer farm-and therefore thinks that therapy directed nt treating bload flow problems is totally useless in this msjarity.

Another highly significant research finding, in his view, is the evidence that the brains of "normal" clderly people can show the same three lesions observed in senile dementia: nerve cell loss, neurofibrillary tangles composed af"twisted tubulcs," and senile plaques.

"Physically, the lesions are very much the same." Dr. Terry snid. "In demented patients, they are exaggerated in number, but they are the same changes as those found to a much lesser extent in people who seemed to be fanctioning normally at the time of their death in the seventh or later

Link to Psychometrie Deficiency

Furthermore, the investigator pointed out that o close, positive correlation has been found by other research groups between concentrations of plaque in the cerebral cortex and the degree of psychometric deficiency shown by the patient.

Dr. Terry cautioned, however, that there is still no consensus as ta whether the process that causes the rapid decline in mentation scen in dementin is the same process responsible for the more or less steady deeline at a variable rate" seen with advancing age and called "benign memory loss."

One process many be superimposed on the other, he said. And why the decline should be so "tragically severe and swift in some and marvelously slow in others eannot yet be explained."

Even the question of hereditary influence remains uncertain. There is some evidence. Dr. Terry observed, that "It helps to some from the right lineage" since the risk among firstorder relatives of patients with senile dementla is aignificantly increased, and presentle dementia apparently occurs in some families with an autosomal dominant mode of inheritance. But sporadic, he said.

Sociologie Impact Strassed

Stressing the sociologic impact of sealle dementia, Dr. Terry eited two statistics: nearly 11 per cent of the U.S. population over the age of 65 is said to have some degree of the disorder, and about 4.5 per cent of these elderly people are severely demented.

This is a "huge public health problem that has gone largely unrecognized," he said. Public health statistics are "grossly misleading" since senile dementia is not listed among 200-plus common causes of death and is almost never entered on death certificates vet "Probably accounts directly or indireetly for some 120,000 deaths

All three of the major brain lesions

studied by Dr. Terry and cainvestigators at Einstein.

To determine nerve cell loss, for exnumble, they are now utilizing a new computerized and automated nerve cell counter. This equipment, they believe. promises to yield thata far more efficiently and accurately than did previous hand counts."

Research in their laboratary and elsewhere on the neurolibrillary tangles has shown that the fibrillary material first described by Alzheimer in 1906 is composed of "abnormal" twisted elements which average 22 nm, in outside diameter and narrow about every 80 nm., Dr. Terry said. These have been faund to date only in the human braisand only in the brains of the elderly or of nations with scribe dementia ar a few other pathologic conditions including postencephalitic Parkinsonism and Guam-Parkinsanism dementia.

Normal microtubules have n slightly wider diameter and are known to be made up almost entirely of tubulia, s protein consisting of an alpha-monamer (molecular weight 56,000) and betamonomer Imoleculur weight 53,000).

Dr. Terry pointed out that since the normal microtubule or neurotubule resembles the twisted tubule in many respeets, investigation is maderway to determine whether the abnormal onalog is a modification of normal tubulin or un entirely new protein.

May Bs Neurofitaments

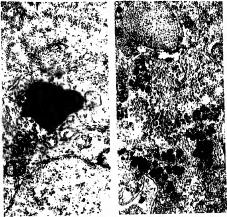
There is a "real possibility," he believes, that such twisted tubules are not neurntubules but rather u pair of heli-eaa be proved to play such a role. The cally wound neurafilaments. In its normal state, the neurufilament has a diumeter of 10 nm., is ultrastructurally different frum the neurntubule, and has in the human heing a moleenlar weight nf 53,000.

"If the twisted tuhulo is a modification of one or another of these proteins," he commented, "then we must lonk to the way in which it was modified. This might result from abnormal oxidation or perhaps by binding with a metal such as sluminum."

Experiments with cortain animals have demonstrated that Injection of nluminum into areas of the brain or spinal fluid will cause formation of neurofilamentous aggregates as eaatrasted with the neurofibrillary tangles seen in man, Dr. Terry said. Also, he noted that some investigators have re-ported finding abnormally high aluminum concentrations in the brains of pa- can tell is by doing further analyses." tients with the Alzheimer type of dementia.

Tracing the modification to oxidation would mean that antioxidants could be tried therapeutically, Dr. Terry continued. This might give support to treatment with such antioxidants as vitamin E. On the other hand, if modification is due to a metal it "would be logical" to try a chelating

"But in either case," he said, "we would have same rationale for treatment instead of trying every compound tice. Too frequently, in fael, drugs are is twisted tubule protein so that the three found in schile dementia are being given without even making an assess-



Neurofibrillary tangles are evident in portion of neuron, left. Nucleus is at lower right, with micron marker; adjacent cytoplasm cantains arganelles plus slagle lipalusein bady. Neuritic plaque, right, shaws irregular central core af amylaid surraunded by number af obnorm

meul af patients ta determine whether helmer type ar the less common farin caused by arterioselerasis."

The ather possibility-that twisted tubules are a new protein-would mean that the cell has somehow obtained new

genetic material, Dr. Terry noted. One way this could happen would be through a virus, but in his opinion no virus has, at yet, been found that ather way is by derepression of a genc that is present in many or all human belags but becomes derepressed for some renson. Csuses of derepression wauld thus have to be studied, he said.

Analysis of twisted tubules has been difficult ("and expensive") but Dr. Terry's coworkers have now isolated the substance from postmortem brain specimens of patients with senile demeatia and Guam-Parkinsonism dementla. Electrophoretic studies indieste that the dissolved twisted tubules migrate at rates indicating an approximate molecular weight of 50,000.

A Wholly New Protein?

"This might mean they are closely related to neurofilament, or that mierotubule protein has lost a peptide or segment, or that this is a wholly new proteia," he snid. "The only way we

Currently, the research group is attempting immunohistochemical identiflestion of the unique protein band they have observed. Although the band seems to correspond to the twisted tubules, it will now be necessary to prepare antibody to the protein, label the antibody, "and then make sure the label reacts with the microscopie leajons before we can be absolutely certain of what we are confident is true but haven't proved."

Another project is the making of peptide maps of normal tubule protein, mal neurofilament protein,

What abant the senile plaques that they have scalle dementia of the Alz- are faund in the broins of the narmal elderly and young adults with Down's syndrome, and in significant numbers the brains af patients with the Alzheimer type of dementia?

Dr. Terry nated that plaques have some overlap with the tangles. The axonal and deodritic eadings that make up a plaque are filled to n greater or lesser extent with twisted tubules. The intervening axon does not contain them. These neurites also contain many lysosomes and mitochondria.

Another component of plaque is amyloid-a fact, said Dr. Terry, that "gives risa to nil sorts of thoughts about immune processes," since some investigators believe that one type of amylold is made up of fragments of light chains of immunoglobulin.

Some investigators also consider amyloid deposits to be the primary change that leads to cortical destruction, producing both the plaque and neurofibrillary tangles. Dr. Terry diaagrees with this view, stating his hypothesis that the presence of degenerative neurites in the plaque precedes the amyloid deposits. But in any case, he emphasized, amyloid from the plaque must be isolsted and its nature deter-

"Changes in the imatune system of aging organisms are currently of considerable interest," he said. aspects of immune systems decline with age while others actually increase in the sense that autoantibodies are more prominent in nged than in younger organisms, whether animals or man. Tha whola problem of loss of neurona with aging, for example, may possibly be one of autoimmunizatian.

Sevoral studies have already documented the presence in some aged animals and man of n circulating antibrain antibody, he commented, If this antibody is labeled and put in contact with brain, young or old, "it reacts with neurons, thus showing that this is where the antigen is."





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gin to feel better within houra— ner spirits boosted, her mood brightened. A single prescription may be, all that's needed. Ritalin'is uaually wall toler-ated even by older or convalea-cent patients. Note, however,

that it is not indicated in the more aevere depressions.

But whenever depression is
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waking up to a brighter

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acts quickly to relieve symptoms in mild depression

*This drug has been avaluated as po

TABLETS

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PERCAUTODS

Palients with nn element of anglistion may reach orderingly glorounce therapy is neederingly glorounce the reach of the participant of the parti enemic) a low inelances et scalp new trans-in childran, loss of appellto, abdominal pale, weight less during prolonged therapy, insortian and lachycardia may occur more frequently; however, any of the other adverse reactions its above may also eccur. OOSAGE ANO AOMINISTRATION

Adulla Administer orally in divided doses 2 or 3 limes delly, preferably 30 to 45 minutes before mass. Desage will depend upon indication and individual usin response.

before 5 p.m. How any anough take the last dose HOW BUPPLIED Tables, 20 mg (peach, scored); boltes of 109 and 1000.

Tablets, 10 mg (pale green, scored); bettles of 100, 500, 1000 and Accu-pak bilater units of 100 Tablets, 5 mg (pale yellow), bottles of 100, 500 and 1000. Consult complete product literature before wescribing.

CIBA

Belgian Judges UGDP Study As Valid Within Own Context

Continued from page 1 shared the view that most patients who are act inaulin-dependent do not need hypoglycemics, "Diet should be enough for the majority, at least those who are obese."

For vose patients who fail to respond to this approach, Dr. Pirart uses the sulfonylurens or biguanidine, or both. "But this only helps the patient partially. They help lower blood sugar, but nutrition problem remains-corpulence, overweight, with all the eardine

dangers those imply."

Such treatment will protect the small vessels and the renal glomeruli, but will aot protect the major vessels, including the coronary artery, Dr. Pirart said. "So I insist on a new way of life for the patient, which includes physical exercise, and a diet with carefully chosen sugar and lipid components."

But the oral agenta have their place, be emphasized. In Beiglam, physicians

Vascular Disease In Diabetes Is Topic Of 15-Nation Study

Medical Tribune World Service

GENEVA-A group of about 15 countries, including the United States, Sovict Union, East Germany, Britain, and Japan, is to participate in a multinutional study of vascular disease in diabetes to be coordinated by the World Health Organization.

Targeta will include country-bycountry enmparisons of the etiology and evolution of dinbetes, an examination of the degree and type of enmplications, and reviews of differing npproaches to theruny.

Spenking within the context of this project, Dr. Vladimir Khatchatuurov of W.H.O. told MEDICAL TRIBUNE that be felt the UGDP study was not a topic on which his organization could take a position.

Witt Cover Unique Aspects

"We had no direct participation in the UGDP study, although we have given It close attention" sald Dr. Khatchatourov, who is in charge of the W.H.O. project. "Our study will cover a number of unloue and important aspects of diabetes, including geographical and environmental differ the outcome of different kinds of treatment. At the end of the project, in two years' time, we will be in a position to make recommendations".

The study, which will cover the American, European, and Asian regions, will look at genetic factors, nutritional patterns, the influence of weather, heat, and cold, family history,

Randomized samples of 500 patients per country, aged 35-54, with estab-lished diabetes, have been prepared, and standardized methods drawn up for examination, including measurement of blood pressare, fundus examination, and other parameters. The data will be fed to the W.H.O. computer hank for ongoing and final analyses.

nre developing a policy of giving them for the shortest period possible, how-ever, and in smaller dasages. "We trigger the patient with the oral drugs, and when he shows signs of Improve ment, we reduce the dosnge gradually to zero. So the biggest proportion of these on chronic treatment are now helng handled without the drugs."

The Belgium approach was reflected by French diabetologist Professor Georges Tehobroutsky of the Hotel Dien, Paris.

While he said the U.G.D.P. study was well conducted, Dr. Tchobroutaky added that one conclusion he had drawn was that patients in the U.S. are as likely to be incorrectly treated as pstients in France.

"The patients put on weight, and this is something to be guarded against," he said. As far us the oral drugs are concerned, he added, there was ao intention in France of banning their use. The main indications, as he saw them, are:

- · The mature or elderly patient.
- Non-dependence on insulin. · Short-term usc.

Batsneed Visw of Risks

Dr. Tehobroutsky suggested that a bulunced view must be taken of comparative risks. The life expectancy of the older patient is in any case reduced by other factors. If the period drug use is kept brief, there appears to be no real therapentic difficulty.

The pattern of use of oral drugs in Switzerland differs according to the nature of the diabetic population, according to Dr. Bernnul Rilliet, linison officer with the Warld Henlth Organization for the International Diabetes l'ederation, and a staff physician with the Genovn Pnlyclinic.

I le pointed mut that notinnally, about one-third of Swiss dinbeties are on oral drugs. But in more maturo putient groups, particularly where there are socineconomic difficulties which complicate dictary regimes, up to 50 per cent are usually on hypoglycemics.

There is no danger if the drugs are properly used," ho suggested, nithough two important risks are (a) renal insufficiency, and (b) misdiagnosis.

Apart from these problems, which apply to many drugs, he said, the oral agents are the only solution in coping with the human problem of the patient who will not follow dietary instructions. "The possible risks must be weighed against the advantages, as in all drug therapy," Dr. Rilliet, con-

The suggestion that oral hypoglycemies can cause premature deaths from cardiovascular disease is not justified by the analysis of the U.G.D.P. study by the Biometric Society, proident of the European Diabetes Association, told MEDICAL TRIBUNE in a telephone interview.

Dr. Creutzfeldt, Professor of Medicine at Goettingen University, sald drawn from the Biometric Society redoubts about the accuracy of evaluaport and the U.G.D.P. study is that the question needs further investigation.



unlizing the blood supply and atudying the circulatory the luner car bave been devised at the University of Michigan. Here, in vivo plieto of the laner ear of n guiaca pig ahowing a microclrculation system so small that only one red blood cell at a time can pass through. White blood cell is shown in center capillary with several red blood cells shove and below.

"In may case, we us the oral agents as little as possible, and then mainly to treat putienta who cannot be man aged by dictary regimens. However, there are many elderly patients who do not necept insulin injections, and for them an oral agent is the logical solulian," Dr. Creutzfeldt went on,

Data from a large retrospective aludy, he said, grouping results from investigators in Goettingen nud Ulm Universities, are now being analyzed by computer and will be presented to the German Diabetes Society soon.

Criticisms of the U.G.D.P. study by the British Diabetes Association and researchers in other countries were quoted with official approval in a paper published here recently in the Soviet publication Problems of Endocinology (21:103,1975).

Cetticism From Russians

Dr. A. G. Mazoveckij nad colleagues Moseow's Institute of Endocrinology and Hormonal Chemistry, in a psper on hypoglycemies, atated. "The experience of 1g years' use of sulfonylureas ahows that they are elinically ustified, and lead to correction of diabeles induced abnormalities of metabolism, thus improving coatrol."

Points in the U.G.D.P. study singled out for enticism by Dr. Mazoveckij insulia in standard daily doses. "This compensation for disturbance of carbohydrate metabolism, and violates the principle of individualization of treatment," he commented

Mazoveckij also expressed patients in the U.G.D.P. study.

wine talk

By John Chambers
Author and Consultant to Morrell & Company, New York Wine Merchants

Authenticity in Wine

THE BORDEAUX wine scandal has been a lively topic of conversation among wise drinkers recently, and needless to say, it has provided solid ammunition for eynics. Whenever such a scandal breaks, it is easy to tar everything in sight. Hence, it seems a good moment to ask ourselves what safeguards we, the wine buyers, have.

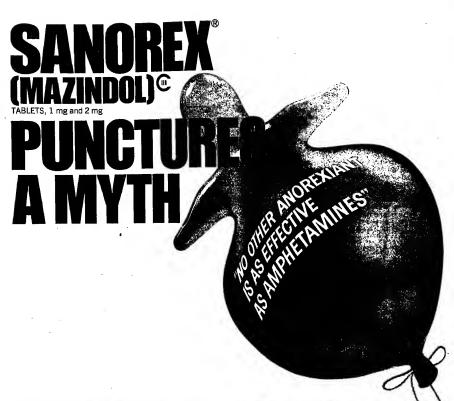
Fraud in wine is surprisingly easy to perpetrate and difficult to detect. The reason is that most wine that moves in quantity comes from the cellars of large shippers who have many different batches of wine sging at any given time. To siphon wise from one eask to another is simple.

For example, if a Bordeaux producer's 1972 claret is thin, it is not difficult to blend in some of the fatter 1971, or even, given a shipper with wide enough interests, some of the Cotes du Rhone aging in a neighboring eask. The same is true in Germany where wine to which augar has been legally added may be aging next to a lot of wine which is deficient in sugar. There is a strong temptation to tranafer some of the sugared wine to the eask holding unsugared wine, thereby entitling it to the more valuable qualitatswein mit pradikat designation. The California version of this temptation derives from the law which requires a wine with varietal designation to contain 51 per cent of that vnriety of grape. It is all too easy for a producer "stretch" his Cobernet Sanvignonwith Carignane or Ruby Cabernet.

Buysr Protection?

What then is the buyer's protection? The answer is the need for a shipper to maintain his reputation. There are several hurdles any wine which is to be sold must pass. The first in many areas is official tasting by a committee of local growers or by a government panel. Then there is informal tasting by professionals within a wise growing area. If the wise is to be experted, the importer will taste, and thea posaibly the wholesaler and retailer, and finally, the consumer Inevitably knowledgeable palates are exposed to the wine at some point in its progress from grower to table, and if a particular shipper tampers excessively with his product, it will become known.

Consequently the reputation of a shipper is of prime concern. However, if the buyer goes on reputation alone, he may miss many good bargains. This is where the retailer comes in. Don't be afraid to ask specifically about the quality of a wine. If the retailer doesn't know what he's talking about, you'll soon learn by judging the quality of his selections. If you find a good one, atlek with him. With his advice, a good paperback gulde to wine, and a sharp eye for reputable shippers, you won't often go wrong. NEXT MONTH: Red Wines of Italy.



SAMOREX IS AT LEAST AS EFFECTIVE AS d-AMPHETAMINE

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Sanorex (14 d-amphetam placabo (12	ne (14 patients)				•
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SANOREX IS THE ONLY PRESCRIPTION ANOREXIANT NOT CHEMICALLY RELATED TO THE AMPHETAMINES

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Action of Amphetamine
In arimal studies, d-amphetamine (like food) activates affarant pages

Action of Amphetamine

Despiting release of management of the studies of

leading to appatite centers in the hypothalamus. Resulting release of norepinephrina activates the receptor neurons. Unlike food, however, d-amphet amine also suppresses norepinephrine synthesis. Thus, increasing larger doses of d-amphetamine house. doses of d-amphetamine become necessary to produce an effect.

After intake of food stimulates the release of norepinephrine from afferent naurons, Sanorex blocks its re-uptake without disturbing normal synthesis and release.

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*The significance of these differences for humans is uncertain,

For Brief Summary, please see facing page.

SANOREX (MAZINDOL) @

presided at the American Assistant, "Celli," Doct 1973.

In the Committee of the Committee

served in the state in the case to be seen to bosses and Administration 1 mg three times delty, one hour before medis, or 2 mg per dey, taken one hour before medis, or 2 mg per dey, taken one hour before lunch in a single dose. How Supplied Teblets, 1 mg and 2 mg, in pectagge of 100, per depth of the seen of prescribing or administration. Prescribing of force of the seen of person of the seen of the see MARHACEUTICALS, EAST HANOVER, N.J. S7996

Billion Joseph Street Street

One Man...and Medicine

ARTHUR M. SACKLER, M.D.,



For Arbitration In Malpractice Litigation

r was a plione call for help.

escalisting. This one was in reference to new legislation on melpractice insurance

and members of the state legislature in opposition to the legislation. I knew of her reputation as a deeply concerned citizen; s fighter for rights of women, and a committed participant in consumer movements. There was no question as in her good fnith. She is of the stuff that makes for good citizenship. Her meme is Barbera Scamon, author of Free and Female and The Doctors' Case Against the Pill.
"Why are you so opposed to the new

legis Intion?" I asked.

"Because it deprives patients, and particularly women, uf protection they

"Du you have a specific ease in mind hat relates to wumen?"

"Yes, the example of women who

that," I soid, "und it Is precisely the have been building up in such a way as sort of situation which would establish to force physicians into "defensive" would like to see established 1 am increasingly confronted by an unfair quite sure that you would not want laws dilemma of choices and pleced in a "no

which is now influid deso and careful this relates to winner?"

"Yes, the example of women who additionable the service of with a low influid deso and careful this relates to winner?"

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treatment salvaged the defective fetus; that the mother had a child she may have deaperately wanted, but that the appearance ultimately in a malignancy in a salvaged child."

"Well," she said, "what do you be-



They are getting to be quite cummon these days. Emergencies appear to be in the state of New York. The caller asked me to communicate with the Governor

> lieve we should do about this problem?" "I can join you in supporting mediation panels for melpractice cases." "I think," she said, "that such panels

should have consumer representation."

"Agreed But that representation should be by individuals who would be truly objective and recognize they represent the interest of both the patient as en individual and a member of society. In any event, please send me the bill and the documents you have prepared so I can study them before act-

"Defensive" Medicine

The discussion was longer than the above and touched on some aspects develop viigins I enneer because if medbers of the public. I had mentioned to my caller the fact that malpractice lishillty suits and consumer pressures medical practice. The doctor is being win" situation.

He csn, as wee customary in prior times, use his dingnostic judgment and order only those tests which he believed were truly indicated, a minimum number of X-rays, avoid biopsies and hosplialization except for cleorly defined indications. On the other hand, if he is sensitive to the manner in which malpractice liability judgments have been made, he can "cover all the bases" for his own safely, but at the patient's cost, both economically and physically, I had saked my caller whether she wouldn't agree that she, as I, would prefer to have a minimel amount of X-radiation diagnostically. She agreed. I wonder how one can explain to

people of good will and good intent that doetors, as a profession, do not want to deprive a patient of just compensation for medical accidents or negligence. The resilties point to a dilemma: at the time of medicine's greatest achievements (decreasing infant mortality, increasing longevity, and the conquest of so many infectious and other diseases), the medical profession confronte its greatesi liability in respect to malpractice. The greed of a minority of litigious patients and the self-interest of some trial lawyers in winning the largest pos-sible settlements is ereating an unfair situation for the majority of patientsthose of good faitb.

When a doctor's liability insurance ture may have been rejecting mede its diagnostic procedures is one; moving to a state or choosing a specialty where the

Medicine on Stamps

Jean Martin Charcot



Born in 1825, the son of a Paris coach builder, Chercot beceme the founder of modern neurology. He is best known for his work in arthritis, begun during his studeot dsys, but he also contributed to research on poliomyelitia, hystena, epilepsy, cerebral function, multiple sclerosis, and locomotor stexis. A talented artist and music lover, strongly resembling Napoleon in eppearance, he was the most colorful teacher of medicine of his dev.

Text: Dr. Joseph Kler Stamp: Minkus Publications, Inc., New York

malpractice liability is less may be enother. The physician certainly cannot be expected to subsidize medical care by taking money out of his life savings to either cover a liability suit or quadrupled insurance premiums. Regardless of any of the above, there is one thing that is clear but not comprehended by those who oppose corrective measures to the present epidemic of liability suits -the cost of court Indements and insurnnce premiums must be ultimately paid by one group, pnticnts themselves.

A National Need

Restraint of the escalating cost of health care services is a national need even as the sick are entitled to sound medical practice es well es fair economic protection for the unfortunate victims of either nagligence or accident. Reason, if necessary through arbitration or mediation, is essential if malpractice linbility insurance is not to become an ever-growing burden for the majority of patients, as well as physicinns. The interests of doctors and most of their patients are in the last annlysis the same.

FPIGRAMS—Clinical and Otherwis

Doctors is all swabs. Robert Louis Stevenson (1850-94) Rilly Bones



"How do you feel about acupuncture?"

Tribune Economic Analysis

Depos de Consulting Economia

New York's troubled finnneial ter-

rain has long been ready for a politi-cal bombshell. The shrewd speaker of

the lower house of New Yurk legisla-

It's a far ery from the plains of Bis

marck to the canyons of Wall Street. Nevertheless, New York, banker to

the world and therefore busted, is tak-

ing as its model the "operation boot-

strap" that the farmers of North Da-

kots devised during the farm depression of the otherwise prosperous 1920s.

The Bank of North Dakota is the

only state-owned bank io the country,

and it operates at a profit. Its president,

H. L. Thorndal, testified at the henring

called by Speaker Steingut that this unique institution, founded with a \$2

million investment, has earned a cumulative profit of \$83 million in the 56

years of its existence. Last year nlone, Mr. Thorndal stated, the Bank of

North Dakota reported \$16 million of

follow where North Dakuta has led.

Speaker Steingut's staff ndvisors dis-

covered that their original guesstimata

that the state, though busted, has a de-posit float of \$3 billion in bunks

throughout the state ready for rede-

velopment on the North Dakota model is low. Speaker Steingat also usked me

to furnish a recommendation for this emergency, and I will summarize it in

Da you think there is any real possibil-lty that New York City's credit prob-

kms could be solved by selling small boods to people through the Off-Track Belling Offices? My patients believe this will bappeo.

I don't. Average people-eveo bet-

ting folk-tend to be smarter than banks, If even banks don't want to be

stuck with any more NYC garbage, why should people?

Can martgage rates be expected to go down? I should like to build a vacation

home in New England, but the mort-

gage rates I'm quoted make it ridicu-

I fear mortgage rates are headed up again. Their high level is only one rea

right, buying makes better scase than building.

Ellot Janeway regularly answers

MEDICAL TRIBUNE readers' questions.

New York Physician

Boston Physician

Nader invited New York State to

profit to the state legislature.

this space next week.

North Dakota:

Financial Model

For New York?

BAY ELIST JANEWAY

MADRID-A miniaturized cerebral "pacentaker" has been comployed here in clinical trials to relieve pain in a cancer patient and in an amputee suffering from phantom-limb distress.

In addition to analgesic uses, the device may also have broad application in brain research and in the treatment of epilepsy, according to its developers.

The apparatus was devised by a team at the Autonomous University of Madrid headed by Dr. José M. Rodriguez Delgado, formerly of Yale, It consists of a plastic-coated disk containing integrated circuits and compo-

thick, implanted under the scalp, with six electrodes reaching into selected brain sites. The coin-size pacemaker operates

without batteries or external wiring. It receives power from radio waves that

are picked up by a small portable transformer carried by the patient, allowing for two-way flow between the brain and a computer or cootrol panel. The brain

Dr. DELGADO may be monitored nents, 40 mm. in diameter by 15 mm. in bipolar recordings, while stimulation



version of the brai developed by Dr. José M. Rodriguez Delgado's Madrid team.

> may be provided to induce ar restrain electrical activity

> According to Dr. Delgado, the pacemaker constitutes ao improvement over "first generation" models that he used in the treatment of pain, thanks to ita reduced size and freedom from eneumbering wires. It also avoids the discomfort and passible infection resulting from sockets and leads piercing the

> In treatment of the patient withplanton limb, programmed stimulation of the septum led to relief of previously intractoble pain and diminished tho patient's hostility. While final eval-uation will require long-term followup, this case has demonstrated to the Delgado team the feasibility of transdermal, remntely controlled, programmed stimulation of the humae brain for therapeutic purposes.

> Regarding the possibility of treatment of epileptics, Dr. Delgado theorizes that a pacemaker-radio system may be devised in conjucction with a portable computor and power source that would continuously monitor brain activity and supply prevantive atimulatioo when an attack was imminent.

Quadriceps Surgery In Children Simplified

Medical Tribune World Service

KYOTO, JAPAN-Over the past cight years, diminution of the quadriceps due to thigh injections during infancy has been cured with "relatively simple surgery" in 50 patients aged five to 12, at the Nishitaga National Sanitorium.

According to surgeous there, the op-eration involves cutting out the affected nuscle and aeparating muscle adhe-

Convectional aurgory had called for extending the tendon besides removing the affected muscle, the surgeons told the Japan Times. Moreover, the psychological impact of the new treatme which leaves only one scar, is less for young patients, they said.

"Postsurgery surveys revealed that all the cases bave nearly regained full capacity to walk," the report from the anitorium revealed. Citing the case of in 11-year-old girl operated on eight years ago, the Japanese surgeons said that before the operation, she could bend her knees only 30 degrees, but now she can bend 130 degrees and valk without difficulty.

ture, Stanley Steiogut, has just ex-ploded it. He has enlisted the advice of the always formidable Ralph Nader, and he has found a model for New York State to follow in of all places, the populist state of North Dakota.

Wednesday, June 18, 1975

Aerosol Sniffers 'Playing Russian Roulette'

NEW ORLEANS-Teenage spray can propellant sniffers are playing Russian roulette and ought to be so informed. Dr. Leo G. Horan, chairman of the

health services center at the University of Louisville, made these observations to physicians attending the New Orleans Graduate Medical Assembly.

But, he said, concentrations of the fluorocarbons-Freon 11 and Freon 12 -are far below the single exposure lethal level in beauty salons where hair preparations are applied, and even lower in the hathrooms and kitchens of homes, in which an average of 15 spray cans can be found.

per cent of the propellants from bags or balloons. The death rate has declined from the peak years because there is a trend away from drug addiction and toward the use of aleohol

Route to Drug Addiction

Dr. Horns said sniffing is a route toward drug or alcohol addiction. "It is essential that young people know the hazards," he added. They should be informed in the homes and at Boy Scout meetings that they are playing Russian

He said eventually it may be necessary to ask manufacturers to lessen the

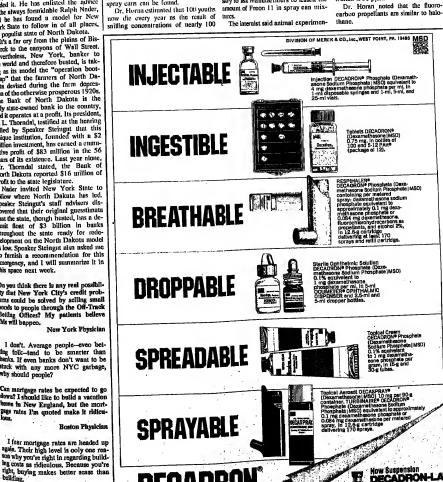
imppens when concentrations of up to 150,000 parts per million-or 15 per cent-of From 11 arc inhaled. Between 15 per cent and 20 per cent results vary, but when the concentration is above 21 per cent death is invariable.

On the other hand, concentrations of as much as 95 per cent of Freon I2 are not deadly, he said.

A study in beauty salons showed that the maximum concentration around the head of an operator who is applying hair spray is 250 to 310 ppm. In a closed bathroom, the greatest coocentration is 50 ppm.

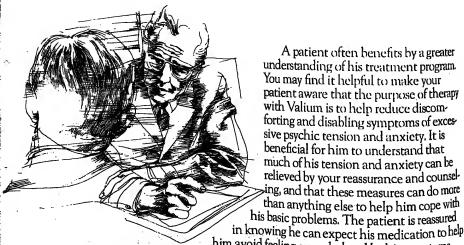
Dr. Horan noted that the fluoroearboo propellants are similar to halo-





"Let me tell you about the medicine Im going to prescribe."

TALKING OVER VALIUM (diazepam) THERAPY WITH YOUR ANXIOUS PATIENT



A patient often benefits by a greater understanding of his treatment program. You may find it helpful to make your patient aware that the purpose of therapy with Valium is to help reduce discomforting and disabling symptoms of excessive psychic tension and anxiety. It is beneficial for him to understand that much of his tension and anxiety can be relieved by your reassurance and counseling, and that these measures can do more than anything else to help him cope with his basic problems. The patient is reassured

him avoid feeling overwhelmed by his symptoms. And it's also good for him to realize that he will be taking Valium only as long as he needs it.

Your expressed confidence in the medication prescribed, and the positive atmosphere in which therapy is given and accepted, work to the patient's advantage.

Selection of a dosage regimen is an "It's important that you important consideration when Valium follow my directions closely." (diazepam) is prescribed, and dosage should be individualized to achieve maximum beneficial effect. If the patient understands clearly when and how much to take, and if he knows why it's to his benefit to follow the regimen closely, the chances are better that he will take the medication precisely as directed. That should help avoid missed doses and discourage taking too much or too little medication - all of which can have an undesirable effect on the management of the patient's condition.

"I'll see you again the week after next and we'll see how you're making out."

Your patient is often likely to feel reassured when you talk about seeing him again to check his progress. A planned visit evidences your continued interest and affords the patient an op-

portunity to report improvement he has made and to relate whatever continuing or additional difficulties he may be experiencing. It's also a chance for him to describe his response to therapy with Valium.

During follow-up visits, as your patient talks about his medication and about its effects on his symptoms, he will provide the kind of information that will be of great help in evaluating total therapy, adjusting the dosage of Valium, or discontinuing the medication entirely if that seems indicated.

Valium (diazepam)
2-mg, 5-mg, 10-mg scored tablets
for individualized treatment of psychic tension

Please see the following page for a summary of product information.

Bv Oldden

Valium (diazepam) 2-mg, 5-mg, 10-mg scored tablets

Prompt, effective action. Valium (diazepam) works rapidly to relieve pronounced psychic tension in patients overreac ing to stress and in psychoneurotic patients.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; sympromatic relief of acute agitation, tremor, delirium tremens and hallucinosis due ro acute alcohol withdrawal: adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating) Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other anti-

Wide margin of safety. Valium is generally well tolerated and in usual dosages rarely produces significant adverse reactions. (See prescribing information below.)

Dosage flexibility. Scored Valium 2-, 5-, and 10-mg tablets give you closage flexibility no tranquilizer cansule can match.

depressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude araxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthrin, janudice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during

Dosage: Individualize for maximum beneficial effect. Adults: Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.id. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. Geriatric or debilitated patients 2 to 21/2 mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) Children: 100 21/2 mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium (diazepam) Tablets, 2 mg. 5 mg and 10 mg—bottles of 100 and 500; Tel-E-Dose packages of 100, available in trays of 4 reverse numbered boxes of 25, and in boxes containing 10 strips of 10; Pre scription Paks of 50, available singly and in trays of 10.

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nulley, New Jersey 07110





A THE DISTRIBUTE OF THE PROPERTY OF THE PROPER

Female Lag in Performance 'Not Due to Inherent Ability'

San Francisco-The performance and physiological differences noted bereen male and female athletes may be socially and culturally induced mid have little to do with physical differcaces, a physician-cooch said here at a

His studies suggest that the big differences found between untrained men and women are "not due to inherent bility," said Dr. C. Harmon Brown, director of atudent health aervices at California State College of Hayward.

For instance, he reported, young girls increased their oxygen uptake by about 25 per cent ofter slx weeks of training-which was "as goud as if not better than in boys." The girls shuwed hanges that might be harmful, he

Comparisons also showed that the maximum oxygen uptake of Irainco women athletes compared well with spite the big differences among the untrained, Dr. Brown soid.

With regard to excess adipose tissue about 25 per cent in untrained highschool and college girls, compared with 14 to 15 per cent in untrained menhe found that the female distance runer has about half as much adipose issue as her acdentary counterpart. During altitude training for the 1968

Fetal Pancreatic Protein

KYOTO, JAPAN-A lest of blood and Pancreatic fluid samples taken from pancreas cancer patients has indicated the presence of a fetal pancreatic pro tein that may prove useful in the early detection of cancer of this type, Dr. Tatsuji Honma, of Shinshu University, ld a meeting of the Castroenterologic cal Society of Japan here.

Dr. Honma and his colleagues used he pancreases of oborted fetuses to test for the protein in cancer patients. deven out of 13 blood samples and litec of five pancrealic juice samples from cancer patients developed a reion that indicated the presence the fetal protein, he reported.

Olympies, adipose tissue was 8 to 9 per cent of body weight for the wunen, quite comparable to what is found in

Dr. Brown also observed that the trained udult woman, although she perspires less, appears to regulate body temperature as well us a trained adult man, and that women's muscles can show significant gain in strength through weight training without the sume muscle hypertrophy found in

He cited a strength increase of 45 per cent with nn increase in the lenn muscle mass of the urms of only 1-2 per cent and of the legs of 4-5 per cent. This difference between the sexes is

probably hormonal, he sald. The seminar was cosponsored by the American Academy of Podintric Sports Medicine and the California College of



nability to move their elbows have undergone total elbow replacement at University Hospitals Cleveland. The artificial elbow is a hinge jaint made of Vitallium and handed to bone by methylmethacryinc. Dr. Kingsbury Helple and Dr. Viciar Goldberg, the surgeons, report functional mobility and absence af pain in all cases.

Some Families Found Prone To Several Types of Cancer

DENVER-Recent evidence suggests that some families are susceptible to groups of apparently unrelated cancers, Dr. Joseph R. Fraumeni, associate director of the Epidemiology Branch of the National Cancer Institute, said here.

Healthy members of such familles may deserve increased medical surveillance if they present with aubelinies abnormalities, he told the National Conference on Advances in Cancer Management here, sponsored by N.C.l. and the American Cancer Society.

Over the past three years, Dr. Frau-menl said, studies carried out at N.C.I., Creighton University, and M. D. Anderson Cancer Center, Houston, have turned up about 75 families with genetic defects that appear to transmit a disposition to more than one form of caocer. For example, some families seem to be prone to both leukemia and breast cancer, others to cancer of the brain and the adrenals, and others to cancer of the colon and the endeme-

strengthen the notion that some familics are prone to cancers of the same site, he continued. The risk among close relatives bas been found to be about threefold for most adult cancers including carcinomaa of the breast stomach, colon, codometrium, prostate

and lung, he said. The N.C.1. epidemiologist also noted that several forms of cancer occur in a higher than normal rate in patients with various genetic abnormalities-leukemia for example, showing an excessive incidence in patients with Bloom's syn-drome and Fancooi's anemia.

Although environmental factors may play a role in familial cancer, Dr. aumeni said, he believes the overriding influence is genetic.

"Supporting this possibility," he said, "is the observation that the neoplasm that occurs cither in familial aggregation or in genetic syndromes tende to develop at an earlier age thon do nonfamilial occurrences of the same tomor and teods to arise multicentrically the same organ or bilaterally

IMMATERIA MEDICA

Did You Say Work?

Work Is Dangerous to Your Health is the title of a book that turns out to be a handbook on health hazards of an occupational type-and not one selling laziness. We were so disappointed we looked in the opening pages and learned this title was developed in 1947 by the senior author, Jeanne M. Stellman, Ph.D. Her coauthor is Dr. Suaan M. Daum, a physician concerned with occupational health, Looking further, we found an astonishing coverage of such diseases as well as a liating of the hazards of pipclitters, herbicide makers, fishermen, glue makers, rubber vulcanizers,-cven physiclans, nurses and scientific workers.

Yet not a word about showgirls musicions, nightclub comics, Presidenta, golfers, aurfers, sunbathers, Medienl School Deans, state hospital superintendents, godinthers, bosses, partners, editors, wives-the people

The Hot Golf Bali

Goodrich Producta, Inc., asserting that a hot golf ball will sonr 20 per cent farther thon n cold one, has marketed a compact portablo henter which fires up three balls at once. What's more, Goodrich claims that once healed, the balls retain their soar power throughout the game. The heat reportedly increases its compressibilly and resill-ency so that it spins faster, increasing

its projection.
We always thought our trouble was our swing. What a relief to know it's just those half-baked balls.



the chest. 0 1975, Medical Tribune